

BEST AVAILABLE COPY (For cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 43 | 2/23/61 |
| FORMALITY REVIEW | 1030 | | 3-7-61 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 □ Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

9/766645

100-21-2-12-2004

| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here